



DENTAL BOARD OF CALIFORNIA
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DOCUMENTATION OF ADULT ORAL CONSCIOUS SEDATION CASES

An applicant for an Oral Conscious Sedation Certificate may document ten cases of oral conscious sedation of patients 13 years or older performed by the applicant in any three-year period prior to December 31, 2005. To document, complete this form summarizing the ten cases, and attach legible copies of records of pre-operative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge. Redact all personal information on the records, and number them as cases 1-10. Submit these documents with the application (Form OCS-3 Rev 1/06). **(Print or Type)**

Name of Applicant _____ Dental License _____

CASE 1 - _____

Patient Sex

Patient Age

Patient Weight

Date of Procedure

Type of Procedure Performed _____ Duration of Sedation _____

Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____

Patient's condition at discharge _____

CASE 2 - _____

Patient Sex

Patient Age

Patient Weight

Date of Procedure

Type of Procedure Performed _____ Duration of Sedation _____

Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____

Patient's condition at discharge _____

CASE 3 - _____

Patient Sex

Patient Age

Patient Weight

Date of Procedure

Type of Procedure Performed _____ Duration of Sedation _____

Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____

Patient's condition at discharge _____

--Attach legible copies of required records to completed form--

CASE 4 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 5 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 6 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 7 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

--Attach legible copies of required records to completed form--

CASE 8 – _____
 Patient Sex Patient Age Patient Weight Date of Procedure
 Type of Procedure Performed _____ Duration of Sedation _____
 Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

 How was the patient monitored and by whom? _____
 Patient's condition at discharge _____

CASE 9 – _____
 Patient Sex Patient Age Patient Weight Date of Procedure
 Type of Procedure Performed _____ Duration of Sedation _____
 Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

 How was the patient monitored and by whom? _____
 Patient's condition at discharge _____

CASE 10 - _____
 Patient Sex Patient Age Patient Weight Date of Procedure
 Type of Procedure Performed _____ Duration of Sedation _____
 Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

 How was the patient monitored and by whom? _____
 Patient's condition at discharge _____

--Attach legible copies of required records to completed form--

Certification – I certify under the penalty of perjury under the laws of the State of California that the information provided in and attached to this form represents documentation of 10 actual cases of oral conscious sedation administered or ordered by myself, to patients 13 years of age or older.

 Signature of Applicant

 Date